



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

This form must be completed for each assembly tested. A signed and dated original must be submitted to the City of Euless for record keeping purposes.

NAME OF PWS: **CITY OF EULESS**
PWS I.D.#: 2200031

MAILING ADDRESS: _____
CONTACT PERSON: _____
LOCATION OF SERVICE (address): _____

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer: _____ Size: _____
Model Number: _____ Located at: _____
Serial Number: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test	Held at ___psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ___psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___psid Did not open <input type="checkbox"/>	Opened at ___psid Did not open <input type="checkbox"/>	Held at ___psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test after repair	Held at ___psid Closed Tight <input type="checkbox"/>	Held at ___psid Closed Tight <input type="checkbox"/>	Opened at ___psid	Opened at ___psid	Held at ___psid

Test gauge used: Make/Model: _____ SN: _____ Date Tested for Accuracy _____

Remarks: _____

The above is certified to be true at the time of testing:

Firm Name: _____ Certified Tester(print) _____

Firm Address _____ Certified Tester (signature) _____

Firm Phone Number _____ Cert. Tester No. _____ Date _____